

Title 10
DEPARTMENT OF HEALTH AND MENTAL
HYGIENE

Subtitle 09 MEDICAL CARE PROGRAMS

10.09.48 Targeted Case Management for People with Intellectual and Developmental Disabilities

Authority: Health-General Article, §§2-104(b), 15-103, and 15-105, Annotated Code of Maryland

Notice of Proposed Action

[15-412-P]

The Secretary of Health and Mental Hygiene proposes to amend Regulations .03 and .08 under **COMAR 10.09.48 Targeted Case Management for People with Developmental Disabilities**.

Statement of Purpose

The purpose of this action is to focus Waiting List and Transition Coordination services on individuals who meet the Developmental Disabilities Administration's developmental disability eligibility criteria, update reimbursement rates, and establish a different methodology for service unit preauthorization. Waiting List Coordination and Transition Coordination services being provided for individuals who are determined to have a disability that qualifies them for individual support services only, as defined in Health General Article, §7-403(c), Annotated Code of Maryland, will be discontinued. Waiting List Coordination and Transition Coordination services being provided for individuals who are determined by the DDA to have a developmental disability as defined in Health General Article, §7-401, Annotated Code of Maryland, will continue. Reimbursement rates are being updated based on the cost of living allowance approved by the General Assembly. To create flexibility based on individual need and better responsiveness to emergency and crisis situations, providers will receive a pre-authorization of units based on the number of individuals served by the provider. Providers will be responsible for meeting the minimum service requirements for all individuals and a process for requesting additional units will be put in place to address extenuating circumstances.

Comparison to Federal Standards

There is no corresponding federal standard to this proposed action.

Estimate of Economic Impact

I. Summary of Economic Impact. The Program will implement a rate increase during FY 2016, but will discontinue coverage of Waiting List Coordination and Transition Coordination for certain individuals during the second half of the fiscal year, resulting in a net savings of \$135,637.

II. Types of Economic Impact.

	Revenue (R+/R-)	
	Expenditure (E+/E-)	Magnitude
A. On issuing agency:	(E-)	\$135,637
B. On other State agencies:	NONE	
C. On local governments:	(R+)	\$3,926
	Benefit (+)	
	Cost (-)	Magnitude

D. On regulated industries or trade groups:	(-)	\$139,563
E. On other industries or trade groups:	NONE	
F. Direct and indirect effects on public:	NONE	

III. Assumptions. (Identified by Impact Letter and Number from Section II.)

A. Rates will increase from \$16.88 to \$17.39 (+\$.51) for expected 2,465,298 units of service during FY 2016, increasing expenditures by \$1,257,302 total funds. 55.6 percent of this amount (\$699,060) is General Funds, with 44.4 percent (\$558,242) federal matching funds.

The Program will also discontinue coverage of Waiting List Coordination and Transition Coordination for approximately 2,773 individuals, saving 80,100 units of service at \$17.39 per unit during the last 6 months of FY 2016, saving \$1,392,939 total funds. 66.2 percent of this amount (\$922,126) is General Funds, with 33.8 percent (\$470,813) federal matching funds.

C. The rate increase from \$16.88 to \$17.39 per unit for a projected 392,290 units of service will increase payments to twelve local health departments by \$200,068 during FY 2016. Discontinuation of Waiting List Coordination and Transition Coordination for 375 individuals representing 11,279 units of service will save \$196,142. The net increase in payments to local health department providers is therefore \$3,926.

D. The rate increase from \$16.88 to \$17.39 per unit for a projected 2,073,008 units of service will increase payments to private providers by \$1,057,234 during FY 2016. Discontinuation of Waiting List Coordination and Transition Coordination for 2,398 individuals representing 68,821 units of service will save \$1,196,797. The net reduction in payments to private providers is therefore \$139,563.

Economic Impact on Small Businesses

The proposed action has a meaningful economic impact on small business. An analysis of this economic impact follows.

The proposed regulations will have an economic impact on providers of Targeted Case Management services because of the increase in reimbursement rate, and the discontinuation of Waiting List Coordination and Transition Coordination services for individuals who are determined to have a disability that qualifies for individual support services only, as defined in Health General Article, §7-403(c), Annotated Code of Maryland.

Impact on Individuals with Disabilities

The proposed action has an impact on individuals with disabilities as follows:

The proposed action will impact individuals receiving Waiting List Coordination and Transition Coordination services who are determined to be qualified for individual support services only, as defined in Health General Article, §7-403(c), Annotated Code of Maryland, because these services will be discontinued. Waiting List Coordination and Transition Coordination services being provided for individuals who are determined by the DDA to have a developmental disability as defined in Health General Article, §7-401, Annotated Code of Maryland, will continue.

Opportunity for Public Comment

Comments may be sent to Michele Phinney, Director, Office of Regulation and Policy Coordination, Department of Health and Mental Hygiene, 201 West Preston Street, Room 512, Baltimore, MD 21201, or call 410-767-6499 (TYT 800-735-2258), or email to dhmh.regs@maryland.gov, or fax to 410-767-6483. Comments will be accepted through January 27, 2016. A public hearing has not been scheduled.

.03 Participant Eligibility.

To be eligible for services covered under this chapter, a participant or applicant shall:

A. (text unchanged)

B. Either:

(1) [Apply for services that are provided by the DDA] *Have applied for services from the Developmental Disabilities Administration but not yet had their eligibility determined;* or

(2) Be eligible for funding from the DDA as set forth in COMAR 10.22.12, and meet one of the following conditions:

(a) *Be determined to have a developmental disability as set forth in COMAR 10.22.12.03B(9) and currently on the DDA waiting list;*

(b) (text unchanged)

(c) *Be determined to have a developmental disability as set forth in COMAR 10.22.12.03B(9) and in the process of transitioning to the community.*

.08 Payment Procedures.

A. (text unchanged)

B. Payment Rates.

(1)—(2) (text unchanged)

(3) For all other services, providers shall be reimbursed:

(a)—(b) (text unchanged)

(c) \$16.59 per unit of service from July 3, 2014 through December 31, 2014; [and]

(d) \$16.88 per unit of service [thereafter.] *from January 1, 2015 through June 30, 2015; and*

(e) *\$17.39 per unit of service thereafter.*

C. (text unchanged)

D. Payment Limitations.

(1)—(3) (text unchanged)

[(4) Additional limits for specific service areas are as follows, unless otherwise authorized by the DDA:

(a) Community coordination services — up to 212 units annually;

(b) Transition services — up to 208 units annually;

(c) Waiting list coordination services as follows:

(i) Crisis resolution — up to 168 units annually;

(ii) Crisis prevention — up to 112 units annually; and

(iii) Current request — up to 60 units annually.]

[(5)] (4) (text unchanged)

E. Units of Services and Limitations.

(1) *Provider will receive a pre-authorization of a specified number of units to be used for all of their clients.*

[(1)] (2)—[(6)] (7) (text unchanged)

VAN T. MITCHELL
Secretary of Health and Mental Hygiene